

# HOME VISITATION AND CONTACT GUIDANCE IN RESPONSE TO COVID-19 FOR CHILD WELFARE FAMILY-CENTERED SERVICES

March 30, 2020

The following guidance is based on the most current Iowa Department of Public Health (IDPH) guidance. The health and safety of children, family, staff and administrators are of the utmost importance. This guidance is not intended to address every potential scenario that may arise as this event evolves.

It is important to keep open lines of communication daily at all levels within each of your respective organizations. Open communication decreases anxiety for workers as well as families. It is important that child welfare service contractors and referring DHS workers maintain constant communication with one another.

Home visitation and in-person visits with families are an essential aspect of providing services designed to ensure the protection of children and families.

## NOTICE

**If you have a fever of 100.4 or above, or an emerging cough, you must stay home, contact your supervisor, and contact your healthcare provider. Inform your healthcare provider that you are essential workforce working with vulnerable individuals. Please indicate you work for the Department of Human Services, request a COVID-19 test processed by the State Hygienic Laboratory and report this information to your supervisor. If you are denied a test, report this information to your supervisor.**

## MITIGATION PRACTICES MUST BEGIN FOR ALL INDIVIDUALS INVOLVED IN FAMILY INTERACTION, HOME VISITATION AND OTHER SOCIAL WORK PRACTICES REQUIRING IN-PERSON CONTACT WITH FAMILIES

1. Implement common-sense practices for preventing disease spread, such as covering a cough, staying home when sick, and washing hands. The CDC recommends washing hands for at least 20 seconds.
2. Call in advance of conducting home visits or other in-person meetings (see screening questions below. These should be asked in advance).
3. During in-person meetings, do not sit within 6 feet of anyone in the home.
4. Avoid handling paperwork during the meeting.
5. Avoid touching your face or hair during the meeting.
6. Wash hands for at least 20 seconds with warm, soapy water or hand sanitizer before and after the meeting.

Workers should also answer the screening questions for themselves prior to making a home or in-person visit. If any of the answers are 'yes,' workers should contact their primary care provider, follow the primary care provider's direction and not conduct any home visits to DHS children/families until cleared by their primary care provider to do so. Workers should also notify their supervisor of the above.

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## CONTAINMENT DECISION-MAKING PROCESS

When preparing or scheduling appointments for home-based visits, be sure to ask all parents/caregivers or applicable family members the following questions:

### Do you currently have any of the following?



Fever



Shortness of breath



Cough



Sore Throat



Have you had contact with anyone who has known or possible exposure to the COVID-19 in the last 14 days?



Are you on home quarantine or isolation due to possible contact with someone with possible or confirmed COVID-19 or due to travel?



Have you or anyone in the household recently discharged from a hospital due to confirmed COVID-19 or due to travel?

If no pre-screening phone call is made in advance of contact with a family, workers should conduct the screening questions outside of the family home within a safe distance from one another.

**If parents/caregivers answer no** during pre-screening for the above questions, then proceed with home or in-person visit.

*The provision of Safety Plan Services; Family Safety, Risk, and Permanency (FSRP) Services; Community Care; and Kinship Navigator Program should be in-person unless a parent/caregiver answers 'yes' to the above questions.*

**If parents/caregivers answer yes** to the above questions:

- ▶ Do not conduct the home or in-person visit.
- ▶ Direct the parent/caregiver to their healthcare provider for medical consultation. Advise them to call the doctor before going in. The healthcare provider will report this information as appropriate.
  - Advise the parent/caregiver to stay home, except to get medical care and to separate himself/herself from other people and animals.
  - Direct the parent/caregiver to avoid sharing personal household items and to clean high touch surfaces every day.
  - As appropriate, suggest household members stay in another room or be separated from the family as much as possible.
  - Suggest that the family limit non-essential visitors in the home.
- ▶ Assess and ensure child safety as well as maintain contact with the family by phone or video conference or teleconferencing methods\* throughout service delivery.

**\*Paid subscriptions for Tele Health, Zoom, Go to Meeting, Go to Webinar, and Go to Training are HIPAA compliant. The free trials are not HIPAA compliant.** In addition, other applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype may be used. You are encouraged to notify parents and families that

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these third-party applications potentially introduce privacy risks, and you should enable all available encryption and privacy modes when using such applications.

NOTE: Facebook Live, Twitch, TikTok and other similar video communication applications should not be used. Workers must assess the child's safety closely when technology is used in lieu of in-person contact.

## SAFETY PLAN SERVICES

- ▶ Contacts made through phone or videoconferencing or teleconferencing should be a minimum of 30 minutes to satisfy in-person contacts as required under contract.
- ▶ In-person contact and visitation should resume once the symptoms of illness are clear.
- ▶ Document screening data within the "summary of service provision or attempt" section on the contact summary log.
- ▶ Describe service delivery activities and/or interventions provided during the contact that specifically addresses identified issues that affect safety.

## FSRP SERVICES

- ▶ On newly referred FSRP Services cases, prior to making the **initial contact within 5 business days of referral**, call in advance and complete the screening questions and follow procedures for making in-person contact or contact through teleconferencing methods.
- ▶ Workers should conduct the screening questions outside of the family home, within a safe distance from one another, if the family does not have access to a phone.
- ▶ Prior to making additional contacts during the first month of service delivery and every month thereafter, continue with the screening questions and follow procedures for making in-person contact or contact through videoconferencing or teleconferencing methods.
  - Increase phone contacts, videoconferencing or teleconferencing to ensure safety and well-being of the children if you are not able to conduct in-person visits.
  - Contacts made through videoconferencing or teleconferencing should be a minimum of 30 minutes to satisfy in-person contacts as required under contract.
- ▶ Document screening data within the "summary of service provision or attempt" section on the service plan/case progress report.
- ▶ Describe service delivery activities, including behavior, intervention, strategies, and resources provided during the contact to address service plan goals.
- ▶ If parents or caregivers do not have access to a phone or their cell phone minutes expire, make contact with the family at their residence. Upon arrival, ask the parents or caregivers to step outside at a safe distance. In addition to parents or caregivers, ask that any child in the home step out as well to ensure visibility during the course of services.
- ▶ If parents or caregivers have access to a phone, call before your arrival so they can step outside at a safe distance to communicate with you.
- ▶ If parents or caregivers are incarcerated or in a treatment facility and visitors are not allowed, document your attempts made to engage the parent or caregiver.
- ▶ If a child is placed with kin, fictive kin, or another caregiver who falls into a high-risk category (60+ years old, underlying health condition, etc.) and they request that no one enter their home, ask the caregiver to step outside at a safe distance. In addition, ask that any child placed in the home step out as well to ensure visibility during the course of services.

As always, collaborate and keep in constant communication with the DHS referring worker.

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## COMMUNITY CARE

- ▶ The assigned Community Care case manager should adhere to the same procedures identified above when reaching out to families to offer services.

## KINSHIP NAVIGATOR PROGRAM

- ▶ The assigned kinship specialist should adhere to the same procedures identified above when reaching out to kin or fictive kin caregivers to offer services.
- ▶ Contacts made through phone or videoconferencing or teleconferencing should be a minimum of 30 minutes to be considered substantive to replace in-person contacts as required under contract.

## FAMILY TEAM DECISION-MAKING (FTDM) AND YOUTH TRANSITION DECISION-MAKING (YTDM) MEETINGS (ATTENDANCE/FACILITATION)

When it comes conducting FTDM meetings, the family maintains the decision to choose the method of their meeting.

If the family chooses to have an in-person FTDM meeting, an in-person meeting will be held at the local contractor office with the following expectations:

- ▶ The FTDM meeting facilitator, DHS worker, and family are required to be in-person and there should be less than 10 people in the room.
  - The room should be clean with the table/chairs and other equipment wiped down with disinfectant wipes.
  - The room should be equipped with hand sanitizer.
  - No one should sit within 6 feet from one another in the room.
- ▶ All other team members, including the FSRP Services care coordinator, will call into the meeting.

If the family chooses not to have an in-person meeting, videoconferencing is the next option to conduct the meeting. If videoconferencing is not available, a meeting by phone is allowed. If no meeting is held, document if canceled or postponed and include the reason.

The above FTDM meeting procedures apply to facilitation of YTDM meetings with the youth having decision to choose the method of their meeting.

## FAMILY INTERACTIONS

Frequent family interaction is the strongest indicator of family reunification and achievement of permanency. Continued meaningful family interaction supports these goals and decreases the stress and anxiety of family separation during this unprecedented time. **Family interactions will continue.** Mitigating risk of transmission includes asking the pre-screening health questions regarding the presence of a cough and fever or known coronavirus exposure. Parents and children should be encouraged to use hand sanitizer before, during, and after the interaction.

If not able to conduct in-person supervised interactions, the frequency, length, and method of these interactions will change from initial expectations required by the FSRP Services worker. Supervision of interactions is required when there is an identified safety concern. Use informal supports in addition to formal supports to allow family interactions to occur.

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## GENERAL RESOURCES

The situation related to COVID-19 is changing rapidly. Visit the websites below for up-to-date information:

or Copy this link: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

or Copy this link: <https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus>

or Copy this link: <https://dhs.iowa.gov/COVID19>

The information outlined in this document is further subject to change due to the rapidly evolving situation related to COVID-19. This guidance remains in place until further notice.

***If you become aware of a confirmed or presumptively positive case, please notify the DHS referring worker, your supervisor, and Mindy Norwood, Program Manager over Family-Centered Child Welfare Services at [mnorwoo@dhs.state.ia.us](mailto:mnorwoo@dhs.state.ia.us).***

